STATE OF ILLINOIS CONTRACT RENEWAL

The undersigned Agency and Vendor, Securus Technologies, Inc., (the Parties) agree that the following shall renew the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Renewal shall prevail.

IN WITNESS WHEREOF, the Agency and the Vendor cause this Renewal to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

VENDOR

Address: 14651 N. Dallas Parkway, Suite 600, 75254	Dallas TX
Phone: 972-277-0300	(Th)
Fax: 972-277-0514	3 6-2-12
Email: bpickens@securustechnologies.com	& DA
	Phone: 972-277-0300 Fax: 972-277-0514

STATE OF ILLINOIS

Procuring Agency: Dept. of Innovation and Technology	Phone:
Street Address:	Fax:
City, State ZIP:	
Official Signature:	Date: 6/28/17
Printed Name: Click here to enter text Share Buch	
Official's Title: Click here to enter text.	
Legal Signature:	Date:
Legal Printed Name: Click here to enter text.	
Legal's Title: Click here to enter text.	
Fiscal Signature:	Date:
Fiscal's Printed Name: Click here to enter text.	
Fiscal's Title: Click here to enter text.	

STATE USE ONLY	NOT PART OF	CONTRACTUAL PROVISIONS
PBC# 17- 106002	Project Title: Inmate Collect C	alling Services
Contract # CMC3670940	Procurement Method (IFB, RF	P, Small, etc.):
IPB Ref. #	IPB Publication Date:	Award Code:
Subcontractor Utilization? Yes No	Subcontractor Disclosure?	Yes No
Funding Source	Obligation #	
CPO 33 – General Counsel Approval:		
Signature	Printed Name	Date

- DESCRIPTION OF CONTRACT BEING RENEWED (include original contract number): The Illinois Department of Central Management and Securus Technologies have entered into contract #CMC 3670940 for inmate collect calling services for the Department of Corrections, Department of Juvenile Justice, and the Department of Human Services-Rushville facilities. These services include phones and related wiring and infrastructure as well as intelligence and data gathering and recordings.
- TERMS AND CONDITIONS: This Renewal is on the same terms and conditions as the Contract being renewed except as changed and described herein.
 - 2.1 The method of determining compensation will change as follows:
 - 2.1.1. Current rates and commissions remain in effect from July 1, 2017 through December 31, 2017.
 - 2.1.2. The pricing set forth in Subsection 2 of the Contract Amendment dated May 13, 2016 will be deleted and replaced by the rates in the table listed below for the period of January 1, 2018 through June 30, 2018.

Commission Rate: (compensated by Vendor to the State as a percentage of gross revenues under contract)	0%
Rate in \$0.00 per minute for intrastate and interstate calls (collect and pre-paid)	\$0.07
Rate in \$0.00 per minute international (pre-paid only)	\$0.23
Rate in \$ per pre-paid account set up fee	\$0.00 (No Charge)
Rate in \$ per fund transfer into pre-paid account	\$0.00 (No Charge)
Rate in \$ set up Charges per call - Intrastate	\$0.00 (No Charge)
Rate in \$ set up Charges per call- Interstate	\$0.00 (No Charge)
Rate in \$ set up Charges per call - International	\$0.00 (No Charge)

- 3. RENEWAL TERM: This RENEWAL shall begin July 1, 2017 and shall run through June 30, 2018.
- COSTS (describe calculation and/or cost basis, if applicable): There is no cost to the State under contract CMC 3670940.
- 5. MAXIMUM AMOUNT: The total payments under this contract shall not exceed \$ N/A without a formal amendment. There is no cost to the State under contract CMC 3670940.
- 7. SUBCONTRACTORS: Will subcontractors be utilized? ∑ Yes No.
 - Subcontractor Name: G5 Tek Solutions, LLC

Amount to be paid: 2,900,000

Address: 4485 Tench Road, Suite 2421, Suwanee, GA 30024

Description of work: Field service, site administration, PAN Processing

Subcontractor Name: Click here to enter text.

Amount to be paid: Click here to enter text.

Address: Click here to enter text.

Description of work: Click here to enter text.

- 6.1. All contracts with the subcontractors identified above must include the Standard Certifications completed and signed by the subcontractor.
- 6.2. If the annual value of any the subcontracts is more than \$50,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.
- 6.3. If the subcontractor is registered in the Illinois Procurement Gateway (IPG) and the Vendor is using the subcontractor's Standard Certifications or Financial Disclosures and Conflicts of Interest from the IPG, then the Vendor must also provide a completed Forms B for the subcontractor.
- 6.4. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor will be required to promptly notify, in writing, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract. Any subcontracts entered into prior to award of the Contract are done at the Vendor's and subcontractor's risk.

STATE OF ILLINOIS TAXPAYER IDENTIFICATION NUMBER

1	certify	th	at
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The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the
 owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or
 EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).

C = corporation

P = partnership

For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: Business Name: Securus Technologies, Inc. Taxpayer Identification Number: Social Security Number: Click here to enter text. Employer Identification Number: 75-2722144 Legal Status (check one): Individual Governmental Sole Proprietor Nonresident alien Partnership Estate or trust Legal Services Corporation Pharmacy (Non-Corp.) Tax-exempt Pharmacy/Funeral Home/Cemetery (Corp.) Corporation providing or billing Limited Liability Company medical and/or health care services (select applicable tax classification)

Signature of Authorized Representative:

Corporation NOT providing or billing

medical and/or health care services

Date: Click here to enter a date



STATE OF ILLINOIS FORMS B CERTIFICATIONS AND DISCLOSURES

IPB Reference #: 22025643 Procurement/Contract #: 17-106002

This Forms B may be used when responding to an Invitation for Bid (IFB) or a Request for Proposal (RFP) if the vendor is registered in the Illinois Procurement Gateway (IPG) and has a valid IPG Registration Number.

If a vendor does not have a valid IPG registration number, then the vendor must complete and submit Forms A with their response. Failure to do so may render the submission non-responsive and result in disqualification.

Please read this entire section and provide the requested information as applicable. All parts in Forms B must be completed in full and submitted along with the vendor's response.

1. Certification of Illinois Procurement Gateway Registration

My business has a valid Illinois Procurement Gateway (IPG) registration. The State of Illinois Chief Procurement Office approved the registration and provided the IPG registration number and expiration date disclosed in this Forms B.

To ensure that you have a valid registration in the IPG, search for your business name in the IPG Registered Vendor Directory. If your company does not appear in the search results, then you do not have a valid IPG registration.

IPG Registration #: 20337462 IPG Expiration Date: 06/20/2018

2. Certification Timely to this Solicitation or Contract

Vendor certifies it is not barred from having a contract with the State based upon violating the prohibitions related to either submitting/writing specifications or providing assistance to an employee of the State of Illinois by reviewing, drafting, directing, or preparing any invitation for bids, a request for proposal, or request of information, or similar assistance (except as part of a public request for such information). 30 ILCS 500/50-10.5(e), amended by Public Act No. 97-0895 (August 3, 2012). Yes No

3. Replacement Certification to IPG Certification #6 (supersedes response in IPG)

If Vendor has been convicted of a felony, Vendor certifies at least five years have passed since the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor's office for the facts upon which the conviction was based continues to have any involvement with the business. Vendor further certifies that it is not barred from being awarded a contract. 30 ILCS 500/50-10. X Yes No

4. Disclosure of Lobbyist or Agent (Complete only if bid, offer, or contract has an annual value over \$50,000)

Is your company or parent entity(ies) represented by or do you or your parent entity(ies) employ a lobbyist required to register under the Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or an agent who has communicated, is communicating, or may communicate with any State/Public University officer or employee concerning the bid or offer? If yes, please identify each lobbyist and agent, including the name and address below.

Yes
No

If yes, please identify each lobbyist and agent, including the name and address below. If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist's information. Additional rows may be inserted into the table or an attachment may be provided if needed.

STATE OF ILLINOIS FORMS B CERTIFICATIONS AND DISCLOSURES

Name	Address	Relationship to Disclosing Entity
N/A	N/A	N/A

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency/University contract: N/A.

5. Disclosure of Current and Pending Contracts

Complete only if: (a) your business is for-profit and (b) the bid, offer, or contract has an annual value over \$50,000. Do not complete if you are a not-for-profit entity.

Yes No. Do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government?

If "Yes", please specify below. Additional rows may be inserted into the table or an attachment in the same format may be provided if needed.

Agency/University	Project Title	Status	Value	Contract Reference/P.O./Illinois Procurement Bulletin #
CMS/DOC	Inmate Calling Services	Active	\$18,000,000	CMC3670940
DOIT/DOC	Inmate Calling Services	Renewal Pending	\$18,000,000	CMC3670940

6. Signature

As of the date signed below, I certify that:

- My business' information and the certifications made in the Illinois Procurement Gateway are truthful and accurate.
- The certifications and disclosures made in this Forms B are truthful and accurate.

This Forms 8 is signed by an authorized officer or employee on behalf of the bidder, offeror, or vendor pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code, and the affirmation of the accuracy of the financial disclosures is made under penalty of perjury.

This disclosure information is submitted on behalf of:

Vendor Name: Securus Technologies, Inc.

Phone: 972-277-0300

Street Address: 4000 International Parkway

Email: BPickens@securustechnologies.com

City, State, Zip: Carrollton, TX 75007

Printed Name: Robert E. Pickens

Vendor Contact: Robert E. Pickens

Signature:

e:_____

Date: 06/21/2017

Titles Besident

Vendor Registration: View Form

General Public Profile Users Commodity Codes Contacts & Owners Comments Reviews Certifications Site Visits Registrations

Securus Technologies, Inc.

System Vendor Number: 20337462

Return to Main Form

Vendor Registration

FORM NAME

F - G. Certifications & Board of Elections

DESCRIPTION

Complete section F - G, in order to submit the form.

DATE SUBMITTED

6/23/2017

STATUS

Accepted

BUSINESS NAME

Securus Technologies, Inc.

POINT OF CONTACT

Sharon Blankinship

FLAG FORM

Add Flag

F. Certifications

1. VENDOR CERTIFIES IT AND ITS EMPLOYEES WILL COMPLY WITH APPLICABLE PROVISIONS OF THE UNITED STATES. CIVIL RIGHTS ACT, SECTION 504 OF THE FEDERAL REHABILITATION ACT, THE AMERICANS WITH DISABILITIES ACT, AND APPLICABLE RULES IN PERFORMANCE OF THIS CONTRACT.

1 1

Yes

2. THIS APPLIES TO INDIVIDUALS, SOLE PROPRIETORSHIPS, GENERAL PARTNERSHIPS, AND SINGLE MEMBER LLCS, BUT IS NOT OTHERWISE APPLICABLE, VENDOR CERTIFIES HE/SHE IS NOT IN DEFAULT ON AN EDUCATIONAL LOAN. 5 ILCS 385/3

71 11

N/A

3. VENDOR CERTIFIES THAT IT HAS REVIEWED AND WILL COMPLY WITH THE DEPARTMENT OF EMPLOYMENT SECURITY LAW (20 ILCS 1005/1005-47) AS APPLICABLE

1

12

Yes

4. IF YOU ARE AWARDED A CONTRACT FOR WHICH THERE WAS A CURRENT VENDOR PROVIDING THE SERVICES COVERED BY THAT CONTRACT AND THE EMPLOYEES OF THAT VENDOR WHO PROVIDED THOSE SERVICES WERE COVERED BY A COLLECTIVE BARGAINING AGREEMENT, VENDOR CERTIFIES (I) THAT IT WILL OFFER TO ASSUME THE COLLECTIVE BARGAINING OBLIGATIONS OF THE PRIOR EMPLOYER, INCLUDING ANY EXISTING COLLECTIVE BARGAINING AGREEMENT WITH THE BARGAINING REPRESENTATIVE OF ANY EXISTING COLLECTIVE BARGAINING UNIT OR UNITS PERFORMING SUBSTANTIALLY SIMILAR WORK TO THE SERVICES COVERED BY THAT CONTRACT SUBJECT TO ITS BID OR OFFER; AND (II) THAT IT SHALL OFFER EMPLOYMENT TO ALL EMPLOYEES THAT ARE THEN CURRENTLY

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EMPLOYED IN ANY EXISTING BARGAINING UNIT WHO PERFORMS SUBSTANTIALLY SIMILAR WORK TO THE WORK THAT WILL BE PERFORMED PURSUANT TO THAT CONTRACT. THIS DOES NOT APPLY TO HEATING, AIR CONDITIONING, PLUMBING AND ELECTRICAL SERVICE CONTRACTS. 30 ILCS 500/25-80 5. VENDOR CERTIFIES IT HAS NEITHER BEEN CONVICTED OF BRIBING OR ATTEMPTING TO BRIBE AN E OFFICER OR EMPLOYEE OF THE STATE OF ILLINOIS OR ANY OTHER STATE, NOR MADE AN ADMISSION OF GUILT OF SUCH CONDUCT THAT IS A MATTER OF RECORD, 30 ILCS 500/50-5 6. IF VENDOR HAS BEEN CONVICTED OF A FELONY, VENDOR CERTIFIES AT LEAST FIVE YEARS HAVE PASSED SINCE THE DATE OF COMPLETION OF THE SENTENCE FOR SUCH FELONY, UNLESS NO PERSON HELD RESPONSIBLE BY A PROSECUTOR'S OFFICE FOR THE FACTS UPON WHICH THE CONVICTION WAS BASED CONTINUES TO HAVE ANY INVOLVEMENT WITH THE BUSINESS. VENDOR FURTHER CERTIFIES THAT IT IS NOT BARRED FROM BEING AWARDED A CONTRACT, 30 ILCS 500/50-10 Yes 7. IF VENDOR OR ANY OFFICER, DIRECTOR, PARTNER, OR OTHER MANAGERIAL AGENT OF VENDOR HAS Lagar. BEEN CONVICTED OF A FELONY UNDER THE SARBANES-OXLEY ACT OF 2002, OR A CLASS 3 OR CLASS 2 FELONY UNDER THE ILLINOIS SECURITIES LAW OF 1953, VENDOR CERTIFIES AT LEAST FIVE YEARS HAVE PASSED SINCE THE DATE OF THE CONVICTION. VENDOR FURTHER CERTIFIES THAT IT IS NOT BARRED FROM BEING AWARDED A CONTRACT. 30 ILCS 500/50-10.5 Yes 8. VENDOR CERTIFIES THAT IT AND ITS AFFILIATES ARE NOT DELINQUENT IN THE PAYMENT OF ANY DEBT TO THE UNIVERSITY OR THE STATE (OR IF DELINQUENT, HAVE ENTERED INTO A DEFERRED PAYMENT PLAN TO PAY THE DEBT). 30 ILCS 500/50-11, 50-60 9. VENDOR CERTIFIES THAT IT AND ALL AFFILIATES SHALL COLLECT AND REMIT ILLINOIS USE TAX ON ALL - -SALES OF TANGIBLE PERSONAL PROPERTY INTO THE STATE OF ILLINOIS IN ACCORDANCE WITH PROVISIONS OF THE ILLINOIS USE TAX ACT. 30 ILCS 500/50-12 Yes 10. VENDOR CERTIFIES THAT IT HAS NOT BEEN FOUND BY A COURT OR THE POLLUTION CONTROL 湿 BOARD TO HAVE COMMITTED A WILLFUL OR KNOWING VIOLATION OF THE ENVIRONMENTAL PROTECTION ACT WITHIN THE LAST FIVE YEARS, AND IS THEREFORE NOT BARRED FROM BEING AWARDED A CONTRACT, 30 ILCS 500/50-14 11. VENDOR CERTIFIES IT HAS NEITHER PAID ANY MONEY OR VALUABLE THING TO INDUCE ANY PERSON T TO REFRAIN FROM BIDDING ON A STATE CONTRACT, NOR ACCEPTED ANY MONEY OR OTHER VALUABLE THING, OR ACTED UPON THE PROMISE OF SAME, FOR NOT BIDDING ON A STATE CONTRACT, 30 ILCS 500/50-25 Yes 12. VENDOR CERTIFIES IT HAS READ, UNDERSTANDS AND IS NOT KNOWINGLY IN VIOLATION OF THE 15 "REVOLVING DOOR" PROVISION OF THE ILLINOIS PROCUREMENT CODE. 30 ILCS 500/50-30

13. VENDOR CERTIFIES THAT IF IT HIRES A PERSON REQUIRED TO REGISTER UNDER THE LOBBYIST

REGISTRATION ACT TO ASSIST IN OBTAINING ANY STATE CONTRACT, THAT NONE OF THE LOBBYIST'S

COSTS, FEES, COMPENSATION, REIMBURSEMENTS OR OTHER REMUNERATION WILL BE BILLED TO THE STATE. 30 ILCS 500/50-38 Vac 14. VENDOR CERTIFIES THAT IT WILL NOT RETAIN A PERSON OR ENTITY TO ATTEMPT TO INFLUENCE THE OUTCOME OF A PROCUREMENT DECISION FOR COMPENSATION CONTINGENT IN WHOLE OR IN PART UPON THE DECISION OR PROCUREMENT.30 ILCS 500/50-38 Yes 15. VENDOR CERTIFIES IT WILL REPORT TO THE ILLINOIS ATTORNEY GENERAL AND THE CHIEF PROCUREMENT OFFICER ANY SUSPECTED COLLUSION OR OTHER ANTI-COMPETITIVE PRACTICE AMONG ANY BIDDERS, OFFERORS, CONTRACTORS, PROPOSERS, OR EMPLOYEES OF THE STATE. 30 ILCS 500/50-40, 50-45, 50-50 Yes 16. VENDOR CERTIFIES THAT IF IT IS AWARDED A CONTRACT THROUGH THE USE OF THE PREFERENCE E REQUIRED BY THE PROCUREMENT OF DOMESTIC PRODUCTS ACT, THEN IT SHALL PROVIDE PRODUCTS PURSUANT TO THE CONTRACT OR A SUBCONTRACT THAT ARE MANUFACTURED IN THE UNITED STATES. 30 ILCS 517 Yes 17. VENDOR CERTIFIES THAT IF AWARDED A CONTRACT FOR PUBLIC WORKS, STEEL PRODUCTS USED OR SUPPLIED IN THE PERFORMANCE OF THAT CONTRACT SHALL BE MANUFACTURED OR PRODUCED IN THE UNITED STATES, UNLESS THE EXECUTIVE HEAD OF THE PROCURING AGENCY/UNIVERSITY GRANTS AN **EXCEPTION IN WRITING. 30 ILCS 565** 18. IF VENDOR IS AWARDED A CONTRACT WORTH MORE THAN \$5,000 AND EMPLOYS 25 OR MORE EMPLOYEES, VENDOR CERTIFIES IT WILL PROVIDE A DRUG FREE WORKPLACE PURSUANT TO THE DRUG FREE WORKPLACE ACT. 30 ILCS 580 Yes 19. IF VENDOR IS AN INDIVIDUAL AND IS AWARDED A CONTRACT WORTH MORE THAN \$5,000, VENDOR 1 CERTIFIES IT SHALL NOT ENGAGE IN THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSATION. POSSESSION, OR USE OF A CONTROLLED SUBSTANCE DURING THE PERFORMANCE OF THE CONTRACT PURSUANT TO THE DRUG FREE WORKPLACE ACT. 30 ILCS 580 20. VENDOR CERTIFIES THAT NEITHER VENDOR NOR ANY SUBSTANTIALLY OWNED AFFILIATE IS 15 PARTICIPATING OR SHALL PARTICIPATE IN AN INTERNATIONAL BOYCOTT IN VIOLATION OF THE U.S. EXPORT ADMINISTRATION ACT OF 1979 OR THE APPLICABLE REGULATIONS OF THE UNITED STATES DEPARTMENT OF COMMERCE, 30 ILCS 582 21. VENDOR CERTIFIES THAT NO FOREIGN-MADE EQUIPMENT, MATERIALS, OR SUPPLIES FURNISHED TO T THE AGENCY/UNIVERSITY UNDER ANY CONTRACT HAVE BEEN OR WILL BE PRODUCED IN WHOLE OR IN PART BY FORCED LABOR OR INDENTURED LABOR UNDER PENAL SANCTION. 30 ILCS 583 Yes 22. VENDOR CERTIFIES THAT NO FOREIGN-MADE EQUIPMENT, MATERIALS, OR SUPPLIES FURNISHED TO THE AGENCY/UNIVERSITY UNDER ANY CONTRACT HAVE BEEN PRODUCED IN WHOLE OR IN PART BY THE LABOR OR ANY CHILD UNDER THE AGE OF 12, 30 ILCS 584

12

Yes

23. VENDOR CERTIFIES THAT IF AWARDED A CONTRACT INCLUDING INFORMATION TECHNOLOGY, ELECTRONIC INFORMATION, SOFTWARE, SYSTEMS AND EQUIPMENT, DEVELOPED OR PROVIDED UNDER ANY CONTRACT, IT WILL COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE ILLINOIS INFORMATION TECHNOLOGY ACCESSIBILITY ACT STANDARDS. 30 ILCS 587

Yes

24. VENDOR CERTIFIES THAT IF IT OWNS RESIDENTIAL BUILDINGS, THAT ANY VIOLATION OF THE LEAD POISONING PREVENTION ACT HAS BEEN MITIGATED. 410 ILCS 45

73

Yes

25. VENDOR CERTIFIES IT HAS NOT BEEN CONVICTED OF THE OFFENSE OF BID RIGGING OR BID ROTATING OR ANY SIMILAR OFFENSE OF ANY STATE OR OF THE UNITED STATES. 720 ILCS 5/33 E-3, E-4, E-11

13

Yes

26. VENDOR CERTIFIES IT COMPLIES WITH THE ILLINOIS DEPARTMENT OF HUMAN RIGHTS ACT AND RULES APPLICABLE TO PUBLIC CONTRACTS, WHICH INCLUDE PROVIDING EQUAL EMPLOYMENT OPPORTUNITY, REFRAINING FROM UNLAWFUL DISCRIMINATION, AND HAVING WRITTEN SEXUAL HARASSMENT POLICIES. 775 ILCS 5/2-105

1

Yes

27. VENDOR CERTIFIES IT DOES NOT PAY DUES TO OR REIMBURSE OR SUBSIDIZE PAYMENTS BY ITS EMPLOYEES FOR ANY DUES OR FEES TO ANY "DISCRIMINATORY CLUB." 775 ILCS 25/2

FT.

Yes

28. VENDOR WARRANTS AND CERTIFIES THAT IT AND, TO THE BEST OF ITS KNOWLEDGE, ITS SUBCONTRACTORS HAVE AND WILL COMPLY WITH EXECUTIVE ORDER NO. 1 (2007). THE ORDER GENERALLY PROHIBITS VENDORS AND SUBCONTRACTORS FROM HIRING THE THEN-SERVING GOVERNOR'S FAMILY MEMBERS TO LOBBY PROCUREMENT ACTIVITIES OF THE STATE, OR ANY OTHER GOVERNMENT IN ILLINOIS INCLUDING LOCAL GOVERNMENTS IF THAT PROCUREMENT MAY RESULT IN A CONTRACT VALUED AT OVER \$25,000. THIS PROHIBITION ALSO APPLIES TO HIRING FOR THAT SAME PURPOSE ANY FORMER STATE EMPLOYEE WHOSE PROCUREMENT AUTHORITY AT ANY TIME DURING THE ONE-YEAR PERIOD PRECEDING THE PROCUREMENT LOBBYING ACTIVITY.

1-

Yes

29. VENDOR CERTIFIES THAT IT HAS READ, UNDERSTANDS AND IS IN COMPLIANCE WITH THE REGISTRATION REQUIREMENTS OF THE ILLINOIS ELECTIONS CODE (10 ILCS 5/9-35) AND THE RESTRICTIONS ON MAKING POLITICAL CONTRIBUTIONS AND RELATED REQUIREMENTS OF THE ILLINOIS PROCUREMENT CODE. 30 ILCS 500/20-160 AND 50-37 VENDOR WILL NOT MAKE A POLITICAL CONTRIBUTION THAT WILL VIOLATE THESE REQUIREMENTS.

75

Yes

30. THIS APPLIES TO INDIVIDUALS, SOLE PROPRIETORSHIPS, GENERAL PARTNERSHIPS, AND SINGLE MEMBER LLCS, BUT IS NOT OTHERWISE APPLICABLE. VENDOR CERTIFIES THAT HE/SHE HAS NOT RECEIVED AN EARLY RETIREMENT INCENTIVE PRIOR TO 1993 UNDER SECTION 14-108.3 OR 16-133.3 OF THE ILLINOIS PENSION CODE OR AN EARLY RETIREMENT INCENTIVE ON OR AFTER 2002 UNDER SECTION 14-108.3 OR 16-133.3 OF THE ILLINOIS PENSION CODE. (30 ILCS 105/15A; 40 ILCS 5/14-108.3; 40 ILCS 5/16-133

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N/A

G. Board of Elections (BOE)

1. IS YOUR BUSINESS REGISTERED WITH THE BOARD OF ELECTIONS (BOE)?

497

Yes, I certify my business is registered with BOE. 2877-1168

Additional Information

STAFF ATTACHED FILE(S)

Attach File

Refresh List after attaching file(s).

Customer Support

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Vendor Registration: View Form

General Public Profile Users Commodity Codes Contacts & Owners Comments Reviews Certifications Site Visits Registrations

registrations

Securus Technologies, Inc.

System Vendor Number: 20337462

Return to Main Form

Vendor Registration

FORM NAME

H. Iran Disclosure

DESCRIPTION

Complete section H, in order to submit this form.

DATE SUBMITTED

6/23/2017

STATUS

Accepted

BUSINESS NAME

Securus Technologies, Inc.

POINT OF CONTACT

Sharon Blankinship

FLAG FORM

Add Flag

H. Iran Disclosure

1. DO YOU OR ANY OF YOUR CORPORATE PARENTS OR SUBSIDIARIES HAVE ANY BUSINESS OPERATIONS THAT MUST BE DISCLOSED?

1,41

No business operations to disclose.

Additional Information

STAFF ATTACHED FILE(S)

Attach File

Refresh List after attaching file(s).

Customer Support

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Securus Technologies, Inc.

System Vendor Number: 20337462

Return to Main Form

Vendor Registration

FORM NAME

I. Financial Disclosure & Conflicts of Interest

DESCRIPTION

Complete the Financial Disclosure & Conflicts of Interest form

DATE SUBMITTED

6/23/2017

STATUS

Accepted

BUSINESS NAME

Securus Technologies, Inc.

POINT OF CONTACT

Sharon Blankinship

FLAG FORM

Add Flag

I. Financial Disclosures & Conflicts of Interest

A. IDENTIFY THE APPLICABLE ENTITY TYPE.

'n

Other Privately Held Entity (i.e. LLC, partnership, privately held corporation with 100 or fewer shareholders, or other entity type not clearly identified in another option)

B. IS THERE A PARENT ENTITY THAT OWNS 100% OF THE BUSINESS?

Yes

Parent Form

Document

on 6/23/2017

Attached by Sharon Blankinship

il doc 01(1).pdf (PDF)

il_doc 02(1).pdf (PDF)

il_doc_03.pdf (PDF)

il doc 04.pdf (PDF)

il doc 05.pdf (PDF)

C. INSTRUMENT OF OWNERSHIP OR BENEFICIAL INTEREST

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Corporate Stock (C-Corporation, S-Corporation, Professional Corporation, Service Corporation)

1. IS THERE ANY INDIVIDUAL OR ENTITY WHO MEETS ANY OF THE FOLLOWING THRESHOLDS: (A) OWNS MORE THAN 5% OF THE BUSINESS. (B) HOLDS OWNERSHIP SHARE OF THE BUSINESS VALUED IN EXCESS OF \$106,447.20. (C) IS ENTITLED TO MORE THAN 5% OF THE BUSINESS' DISTRIBUTIVE INCOME, OR (D) IS ENTITLED TO MORE THAN \$106,447.20 OF THE BUSINESS' DISTRIBUTIVE INCOME?

Yes, the information is not publicly available (If any individuals are listed, answer Yes or No to questions 5-8 and 11-20.)

Document List of individuals or entities meeting one or more of the listed thresholds. Attached by Sharon Blankinship IPG Percentage of Ownership and Distributive Income Form i-1(1).docx on 6/23/2017

(DOCX)

IPG Percentage of Ownership and Distributive Income Form (-1_IPM_Rev(1)_docx (DOCX)

2. PLEASE CERTIFY THAT THE FOLLOWING STATEMENT IS TRUE: ALL INDIVIDUALS OR ENTITIES THAT HOLD AN OWNERSHIP INTEREST IN THE BUSINESS OF GREATER THAN 5% OR VALUED GREATER THAN \$106,447.20 HAVE BEEN DISCLOSED IN QUESTION 1.

No

3. PLEASE CERTIFY THAT THE FOLLOWING STATEMENT IS TRUE: ALL INDIVIDUALS OR ENTITIES THAT WERE ENTITLED TO RECEIVE DISTRIBUTIVE INCOME IN AN AMOUNT GREATER THAN \$106,447,20 OR GREATER THAN 5% OF THE TOTAL DISTRIBUTIVE INCOME OF THE BUSINESS HAVE BEEN DISCLOSED IN QUESTION 1.

No

4. DISCLOSURE OF BOARD OF DIRECTORS FOR NOT-FOR-PROFIT ENTITIES.

131

Not applicable - For-Profit Entity

5. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, ARE ANY OF THEM A PERSON WHO HOLDS AN ELECTIVE OFFICE IN THE STATE OF ILLINOIS OR HOLDS A SEAT IN THE GENERAL ASSEMBLY, OR ARE THEY THE SPOUSE OR MINOR CHILD OF SUCH PERSON?

No

6. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, ARE ANY OF THEM APPOINTED TO OR EMPLOYED IN ANY OFFICES OR AGENCIES OF STATE GOVERNMENT AND RECEIVE COMPENSATION FOR SUCH EMPLOYMENT IN EXCESS OF 60% (\$106,447.20) OF THE SALARY OF THE GOVERNOR. OR ARE ANY OF THEM THE SPOUSE OR MINOR CHILD OF SUCH PERSON?

No

7. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, ARE ANY OF THEM AN OFFICER OR EMPLOYEE OF THE CAPITAL DEVELOPMENT BOARD OR THE ILLINOIS TOLL HIGHWAY AUTHORITY, OR ARE ANY OF THEM THE SPOUSE OR MINOR CHILD OF SUCH PERSON?

La

No

8. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, ARE ANY OF THEM APPOINTED AS A MEMBER OF A BOARD, COMMISSION, AUTHORITY, OR TASK FORCE AUTHORIZED OR CREATED BY STATE LAW OR BY EXECUTIVE ORDER OF THE GOVERNOR, OR ARE THEY THE SPOUSE OR AN IMMEDIATE FAMILY MEMBER WHO CURRENTLY RESIDES OR RESIDED WITH SUCH PERSON WITHIN THE LAST 12 MONTHS?

Th.

No

9. IF ANY QUESTION IN 5-8 ABOVE IS ANSWERED YES, PLEASE ANSWER THE FOLLOWING: DO ANY OF THE INDIVIDUALS IDENTIFIED, THEIR SPOUSE, OR MINOR CHILD RECEIVE FROM THE ENTITY MORE THAN 7.5% OF THE ENTITY'S TOTAL DISTRIBUTABLE INCOME OR AN AMOUNT OF DISTRIBUTABLE INCOME IN EXCESS OF THE SALARY OF THE GOVERNOR (\$177,412.00)?

15

Not applicable - I answered No in Questions 5-8

10. IF ANY QUESTION IN 5-8 ABOVE IS ANSWERED YES, PLEASE ANSWER THE FOLLOWING: IS THERE A COMBINED INTEREST OF ANY INDIVIDUAL IDENTIFIED ALONG WITH THEIR SPOUSE OR MINOR CHILD OF MORE THAN 15% IN THE AGGREGATE OF THE ENTITY'S DISTRIBUTABLE INCOME OR AN AMOUNT OF DISTRIBUTABLE INCOME IN EXCESS OF TWO TIMES THE SALARY OF THE GOVERNOR (\$354,824.00)?

12

Not applicable - I answered No in Questions 5-8

11. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE, TO OR IN THE PREVIOUS 3 YEARS HAD STATE EMPLOYMENT, INCLUDING CONTRACTUAL EMPLOYMENT OF SERVICES? THIS DOES NOT INCLUDE CONTRACTS TO PROVIDE GOODS OR SERVICES TO THE STATE AS A VENDOR.

No

12, FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, HAVE THEIR SPOUSE, FATHER, IL MOTHER, SON, OR DAUGHTER, HAD STATE EMPLOYMENT, INCLUDING CONTRACTUAL EMPLOYMENT FOR SERVICES, IN THE PREVIOUS 2 YEARS? THIS DOES NOT INCLUDE CONTRACTS TO PROVIDE GOODS OR SERVICES TO THE STATE AS A VENDOR. No 13. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HOLD OR HAVE HELD IN THE PREVIOUS 3 YEARS ELECTIVE OFFICE OF THE STATE OF ILLINOIS, THE GOVERNMENT OF THE UNITED STATES, OR ANY UNIT OF LOCAL GOVERNMENT AUTHORIZED BY THE CONSTITUTION OF THE STATE OF ILLINOIS OR THE STATUTES OF THE STATE OF ILLINOIS? No 14. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM HAVE A 13 RELATIONSHIP TO ANYONE (SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER) HOLDING ELECTIVE OFFICE CURRENTLY OR IN THE PREVIOUS 2 YEARS? 15. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM HOLD OR HAVE 121 HELD IN THE PREVIOUS 3 YEARS ANY APPOINTIVE GOVERNMENT OFFICE OF THE STATE OF ILLINOIS. THE UNITED STATES OF AMERICA, OR ANY UNIT OF LOCAL GOVERNMENT AUTHORIZED BY THE CONSTITUTION OF THE STATE OF ILLINOIS OR THE STATUTES OF THE STATE OF ILLINOIS, WHICH OFFICE ENTITLES THE HOLDER TO COMPENSATION IN EXCESS OF EXPENSES INCURRED IN THE DISCHARGE OF THAT? No 16, FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM HAVE A w RELATIONSHIP TO ANYONE (SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER) HOLDING APPOINTIVE OFFICE CURRENTLY OR IN THE PREVIOUS 2 YEARS? 17. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE 1991 OR IN THE PREVIOUS 3 YEARS HAD EMPLOYMENT AS OR BY ANY REGISTERED LOBBYIST OF THE STATE GOVERNMENT? 18. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE 1/2 OR IN THE PREVIOUS 2 YEARS HAD A RELATIONSHIP TO ANYONE (SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER) THAT IS OR WAS A REGISTERED LOBBYIST? No 19 FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE 190 OR IN THE PREVIOUS 3 YEARS HAD COMPENSATED EMPLOYMENT BY ANY REGISTERED ELECTION OR RE-ELECTION COMMITTEE REGISTERED WITH THE SECRETARY OF STATE OR ANY COUNTY CLERK IN THE STATE OF ILLINOIS, OR ANY POLITICAL ACTION COMMITTEE REGISTERED WITH EITHER THE SECRETARY OF STATE OR THE FEDERAL BOARD OF ELECTIONS? 20. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE OR IN THE PREVIOUS 2 YEARS HAD A RELATIONSHIP TO ANYONE (SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER) WHO IS OR WAS A COMPENSATED EMPLOYEE OF ANY REGISTERED ELECTION OR REELECTION COMMITTEE REGISTERED WITH THE SECRETARY OF STATE OR ANY COUNTY CLERK IN THE STATE OF ILLINOIS, OR ANY POLITICAL ACTION COMMITTEE REGISTERED WITH EITHER THE SECRETARY OF STATE OR THE FEDERAL BOARD OF ELECTIONS? No 21. HAS THERE BEEN ANY DEBARMENT FROM CONTRACTING WITH ANY GOVERNMENTAL ENTITY WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR PROFIT ENTITIES, NOT-FOR PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE: 22. HAS THERE BEEN ANY PROFESSIONAL LICENSURE DISCIPLINE WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.

No

Generated by Kathy Sexton, State of Illinois on 6/23/2017

23. HAS THERE BEEN ANY BANKRUPTCY WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.	15
No	
24. HAVE THERE BEEN ANY ADVERSE CIVIL JUDGMENTS AND/OR ADMINISTRATIVE FINDINGS WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.	74
No	
25. HAVE THERE BEEN ANY CRIMINAL FELONY CONVICTIONS WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.]=
No	

Additional Information

STAFF ATTACHED FILE(S)

Attach File

Refresh List after attaching Đle(s).

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Customer Support
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ILLINOIS PROCUREMENT GATEWAY PERCENTAGE OF OWNERSHIP AND DISTRIBUTIVE INCOME FORM

Vendor Name: Securus Technologies

DBA: Securus Technologies Holdings

INSTRUCTIONS:

- Ownership Share Provide the name and address of each individual or entity and their percentage of ownership if said percentage exceeds 5%, or the dollar value of their ownership if said dollar value exceeds \$106,447.20.
- Distributive Income Provide the name and address of each individual or entity and their percentage of the disclosing vendor's total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds \$106,447.20. 7
- Additional rows may be inserted into the tables or an attachment in a substantially similar format may be provided if needed. က်

Name	Address	% of Ownership	\$ Value of Ownership	% of Distributive Income	\$ Value of Distributive Income
Securus Technologies Holdings, 4000 International Parkway Inc	4000 International Parkway Carrollton, TX 75007	100	100	100	1,000,000,000.00
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text. Click here to enter Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to cuter text.	Click here to enter text. Click here to enter Click here to enter text. text.	Cliek here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text. Chick here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text. Click here to enter Click here to enter text.	Cliek here to enter text.	Click here to enter text.

STATE OF ILLINOIS FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

The Financial Disclosures and Conflicts of Interest form ("form") must be accurately completed and submitted by the vendor, parent entity(ies), and subcontractors. There are nine steps to this form and each must be completed as instructed in the step heading and within the step. A bid or offer that does not include this form shall be considered non-responsive. The Agency/University will consider this form when evaluating the bid or offer or awarding the contract.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the disclosure is no longer accurate, then disclosing entities must provide an updated form.

Separate forms are required for the vendor, parent entity(ies), and subcontractors.

This disclosure is submitted for:

∨ Vendor
Vendor's Parent Entity(ies) (100% ownership)
Subcontractor(s) >\$50,000 (annual value)
Subcontractor's Parent Entity(ies) (100% ownership) > \$50,000 (annual value)

Project Name	Request for Proposals for Phone Services for Incarcerated Persons (Multi-Step)
Illinois Procurement Bulletin Number	IPB Ref #22040713
Contract Number	To be determined after contract award.
Vendor Name	Securus Technologies, inc.
Doing Business As (DBA)	Securus Technologies, Inc.
Disclosing Entity	Securus Technologies, inc.
Disclosing Entity's Parent Entity	Securus Technologies Holdings, Inc.
Subcontractor	Click here to enter text.
Instrument of Ownership or Beneficial Interest	Choose an item. If you selected Other, please describe: Click here to enter text.

STEP 1

SUPPORTING DOCUMENTATION SUBMITTAL

(All vendors complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

You must select one of the six options below and select the documentation you are submitting. You must provide the documentation that the applicable section requires with this form. Option 1 - Publicly Traded Entities 1.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. 1.B. Attach a copy of the Federal 10-K or provide a web address of an electronic copy of the Federal 10-K, and skip to Step 3. Option 2 – Privately Held Entities with more than 100 Shareholders 2.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. OR 2.8. Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229,401. Option 3 – All other Privately Held Entities, not including Sole Proprietorships 3.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. Option 4 - Foreign Entities 4.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. 4.B. Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3. Option 5 - Not-for-Profit Entities Complete Step 2, Option B.

State of Illinois Chief Procurement Office General Services
IFB or RFP Solicitation: Forms A: Financial Disclosures and Conflicts of Interest
V.15.2a

Skip to Step 3.

Option 6 - Sole Proprietorships

STEP 2

DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS

(All vendors, except sole proprietorships, must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Complete either Option A (for all entitles other than not-for-profits) or Option B (for not-for-profits). Additional rows may be inserted into the tables or an attachment may be provided if needed.

OPTION A - Ownership Share and Distributive Income

Ownership Share – If you selected Option 1.A., 2.A., 2.B., 3.A., or 4.A. in Ste	ep 1, provide the name and address of each
individual or entity and their percentage of ownership if said percentage	e exceeds 5%, or the dollar value of their
ownership if said dollar value exceeds \$106,447.20.	

L		Che	ck I	here	e if	in	clud	ding	ar	3 8	atta	chn	neni	: W	/ith	re	quest	ed	informa	tion	in	a f	ormat	SI	ubstantially	/ simila	ir t	o i	the	format
be	elc	w.																												

TABLE - X			
Name	Address	Percentage of Ownership	\$ Value of Ownership
Securus Technologies Holdings, Inc.	4000 International Parkway Carroliton, Texas 75007	100%	Click here to enter text.

Distributive Income – If you selected Option 1.A., 2.A., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of the disclosing vendor's total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds \$106,447.20.

	Check	here i	if including	an	attachment	with	requested	information	in	a format	substantially	similar	to t	he	forma
bele	w.														

TABLE - Y			
Name	Address	% of Distributive Income	\$ Value of Distributive Income
N/A			
	<u> </u>		

Please certify that the following states	ments are true.	
I have disclosed all individual \$105,447.20.	s or entities that hold an ownership	interest of greater than 5% or greater than
Yes No		
I have disclosed all individuals than \$106,447.20 or greater t	or entities that were entitled to recent than 5% of the total distributive incom	eive distributive income in an amount greater e of the disclosing entity.
Yes 🗌 No		
OPTION B - Disclosure of Board of	Directors (Not-for-Profits)	
	•	Plane Include an asset as a street
	members of your board of directors.	Please include an attachment if necessary.
TABLE – Z		
Name	Address	
N/A	N/A	
(Complete onl	STEP 3 CLOSURE OF LOBBYIST Of the property of	al value over \$50,000)
Registration Act (lobbyist must be regidentified through Step 2, Option A ab	istered pursuant to the Act with the ove and who has communicated, is co loyee concerning the bid or offer? If	byist required to register under the Lobbyist Secretary of State) or other agent who is not ommunicating, or may communicate with any yes, please identify each lobbyist and agent
		to disclose the lobbyist's information.
Name	Address	Relationship to Disclosing Entity
N/A		
Describe all easts/food/communication	- Indian house and a second second	
rescribe all costs/fees/compensatio	nyreimpursements related to the a	assistance provided by each representative

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency/University contract: N/A

STEP 4

PROHIBITED CONFLICTS OF INTEREST

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 4 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above. Please provide the name of the person for which responses are provided: N/A

prio	no above. Flease provide the hame of the person for which responses are provided: N/A	
1.	Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly?	Yes No
2.	Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% (\$106,447.20) of the salary of the Governor?	Yes No
3.	Are you or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority?	Yes No
4.	Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor?	Yes No
5.	If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$177,412.00)?	Yes No
6.	If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor (\$354,824.00)?	Yes No
YANG GALG	STEP 5	
PC	OTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELAT (Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)	TONSHIPS
tep 5 Option	must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified above. Please provided the name of the person for which responses are provided: N/A	entified in Step 1
1.	Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services?	Yes No
2.	Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years?	Yes No

3.	Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois?	Yes No
4.	Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years?	Yes No
5.	Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office?	Yes No
6.	Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years?	Yes No
7.	Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government?	Yes No
8.	Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist?	Yes No
9.	Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	Yes No
10.	Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	Yes No

STEP 6 EXPLANATION OF AFFIRMATIVE RESPONSES

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you answered "Yes" in Step 4 or Step 5, please provide on an additional page a detailed explanation that includes, but is not limited to the name, salary, State agency or university, and position title of each individual.

STEP 7

POTENTIAL CONFLICTS OF INTEREST RELATING TO DEBARMENT & LEGAL PROCEEDINGS

(Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This step must be completed for each person disclosed in Step 2, Option A, Step 3, and for each entity and sole proprietor disclosed in Step 1.

Please provide the name of the person or entity for which responses are provided: Securus Technologies, Inc. 1. Yes No Within the previous ten years, have you had debarment from contracting with any governmental entity? 2. Within the previous ten years, have you had any professional licensure discipline? Yes No Within the previous ten years, have you had any bankruptcles? 3. Yes 🕅 No Within the previous ten years, have you had any adverse civil judgments and administrative 4. 🗌 Yes 🔀 No findings? Within the previous ten years, have you had any criminal felony convictions? Yes X No If you answered "Yes", please provide a detailed explanation that includes, but is not limited to the name, State agency or university, and position title of each individual. Securus Technologies Holdings, Inc. has not had any adverse civil judgments or administrative findings. Please see the attached list of adverse civil judgments and administrative findings for Securus Technologies, Inc. STEP 8 DISCLOSURE OF CURRENT AND PENDING CONTRACTS (Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete) If you selected Option 1, 2, 3, 4, or 6 in Step 1, do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government? X Yes No. If "Yes", please specify below. Additional rows may be inserted into the table or an attachment may be provided if needed. Agency/University

				Reference/P.O./Illinois Procurement Bulletin #
CMS/DOC	Inmate Calling Services	Active	\$18,000,000	CMC3670940
DOIT/DOC	Inmate Calling Services	Renewal Pending	\$18,000,000	CMC3670940

Please explain the procurement relationship: Securus Technologies, Inc. was awarded Contract # CMC367094A following a public bidding process.

STEP 9 SIGN THE DISCLOSURE

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This disclosure is signed, and made under penalty of perjury for all for-profit entities, by an authorized officer or employee on behalf of the bidder or offeror pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: Securus Technologies, Inc.

Signature:	- 84	Date:	6.	Lett	1

Printed Name: Robert E. Pickens

Title: President

Phone Number: 972-277-0300

Email Address: Bpickens@securustechnologies.com

STATE OF ILLINOIS FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

The Financial Disclosures and Conflicts of Interest form ("form") must be accurately completed and submitted by the vendor, parent entity(ies), and subcontractors. There are nine steps to this form and each must be completed as instructed in the step heading and within the step. A bid or offer that does not include this form shall be considered non-responsive. The Agency/University will consider this form when evaluating the bid or offer or awarding the contract.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the disclosure is no longer accurate, then disclosing entities must provide an updated form.

Separate forms are required for the vendor, parent entity(ies), and subcontractors.

This disclosure is submitted for:	
Vendor	
Vendor's Parent Entit	ty(ies) (100% ownership)
Subcontractor(s) >\$5	0,000 (annual value)
Subcontractor's Pare	nt Entity(ies) (100% ownership) > \$50,000 (annual value)
Project Name	Request for Proposals for Phone Services for Incarcerated Persons (Multi-Step)
lilinois Procurement Bulletin Number	IPB Ref #22040713
Contract Number	To be determined after contract award.
Vendor Name	Securus Technologies, Inc.
Doing Business As (DBA)	Securus Technologies, Inc.
Disclosing Entity	Securus Technologies Holdings, Inc.
Disclosing Entity's Parent Entity	Securus Holdings, Inc.
Subcontractor	Click here to enter text.
Instrument of Ownership or Beneficial Interest	Choose an item. If you selected Other, please describe: Click here to enter text.

STEP 1

SUPPORTING DOCUMENTATION SUBMITTAL

(All vendors complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

You must select one of the six options below and select the documentation you are submitting. You must provide the

documentation that the applicable section requires with this form.

Option 1 – Publicly Traded Entitles 1.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. OR 1.B. Attach a copy of the Federal 10-K or provide a web address of an electronic copy of the Federal 10-K, and skip to Step 3. Option 2 - Privately Held Entities with more than 100 Shareholders 2.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. OR 2.B. Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401. Option 3 – All other Privately Held Entities, not Including Sole Proprietorships 3.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. Option 4 - Foreign Entities 4.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

4.B. Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3.

State of Illinois Chief Procurement Office General Services IFB or RFP Solicitation: Forms A: Financial Disclosures and Conflicts of Interest V.15.2a

Skip to Step 3.

Option 5 - Not-for-Profit Entities

Option 6 - Sole Proprietorships

Complete Step 2, Option B.

STEP 2

DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS

(All vendors, except sole proprietorships, must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Complete either Option A (for all entities other than not-for-profits) or Option B (for not-for-profits). Additional rows may be inserted into the tables or an attachment may be provided if needed.

5.522 553			
OPTION A – Ownershi	p Share and Distributive Inco	me	
individual or entity and			vide the name and address of each s 5%, or the dollar value of their
Check here if include below.	ing an attachment with reques	ted information in a format	substantially similar to the format
TABLE - X	,		
Name	Address	Percentage of Ownership	\$ Value of Ownership
ecurus Holdings, Inc.	4000 International Parkway Carrollton, Texas 75007	100%	
individual or entity and 5% of the total distribut value exceeds \$106,447.	their percentage of the disclosing entage. 20.	ng vendor's total distributive tity, or the dollar value of the	ide the name and address of each income if said percentage exceeds air distributive income if said dollar substantially similar to the format
Name	Address	Of of Distribution Income	É Malua af Distributiva Income
Martic	Mini 622	% of Distributive Income	\$ Value of Distributive Income

Please certify that the following	statements are true.
I have disclosed all indi \$106,447.20.	viduals or entities that hold an ownership interest of greater than 5% or greater tha
⊠ Yes ☐ No	
	viduals or entities that were entitled to receive distributive income in an amount greater than 5% of the total distributive income of the disclosing entity.
⊠ Yes ☐ No	
OPTION B - Disclosure of Bo	ard of Directors (Not-for-Profits)
If you selected Ontion 5 in Sten	1, list members of your board of directors. Please include an attachment if necessary.
2	1, ist members or your board or on ectors. Flease include an attachment in necessary.
TABLE - Z	
Name	Address
N/A	N/A
N/A N/A	N/A N/A
N/A N/A	N/A N/A
	N/A
	N/A STEP 3
N/A	STEP 3 DISCLOSURE OF LOBBYIST OR AGENT
N/A (Comple	STEP 3 DISCLOSURE OF LOBBYIST OR AGENT te only if bid, offer, or contract has an annual value over \$50,000)
N/A (Comple	STEP 3 DISCLOSURE OF LOBBYIST OR AGENT
(Comple (Subcontracto ☐ Yes ☒ No. Is your compa Registration Act (lobbyist must identified through Step 2, Optio	STEP 3 DISCLOSURE OF LOBBYIST OR AGENT te only if bid, offer, or contract has an annual value over \$50,000) rs with subcontract annual value of more than \$50,000 must complete) ny represented by or do you employ a lobbyist required to register under the Lobbyist registered pursuant to the Act with the Secretary of State) or other agent who is not A above and who has communicated, is communicating, or may communicate with an employee concerning the bid or offer? If yes, please identify each lobbyist and agent
N/A (Completion (Subcontractor) Yes No. Is your comparate (Subcontractor) Registration Act (Iobbyist must identified through Step 2, Option State/Public University officer coincluding the name and address	STEP 3 DISCLOSURE OF LOBBYIST OR AGENT te only if bid, offer, or contract has an annual value over \$50,000) rs with subcontract annual value of more than \$50,000 must complete) ny represented by or do you employ a lobbyist required to register under the Lobbyist registered pursuant to the Act with the Secretary of State) or other agent who is not A above and who has communicated, is communicating, or may communicate with an employee concerning the bid or offer? If yes, please identify each lobbyist and agent
N/A (Completion (Subcontractor) Yes No. Is your comparate (Subcontractor) Registration Act (Iobbyist must identified through Step 2, Option State/Public University officer coincluding the name and address	STEP 3 DISCLOSURE OF LOBBYIST OR AGENT te only if bid, offer, or contract has an annual value over \$50,000) rs with subcontract annual value of more than \$50,000 must complete) ny represented by or do you employ a lobbyist required to register under the Lobbyi be registered pursuant to the Act with the Secretary of State) or other agent who is no in A above and who has communicated, is communicating, or may communicate with an irr employee concerning the bid or offer? If yes, please identify each lobbyist and agen below.

lobbyist or other agent to obtain this Agency/University contract: N/A

STEP 4

PROHIBITED CONFLICTS OF INTEREST

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

0

	n 6 above. Please provide the name of the person for which responses are provided: N/A	ed in Step 1,			
1.	Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly?	Yes No			
2.	Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% (\$106,447.20) of the salary of the Governor?	Yes No			
3.	Are you or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority?	Yes No			
4.	Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor?	Yes No			
5.	If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$177,412.00)?	Yes No			
6.	If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor (\$354,824.00)?	Yes No			
	STEP 5				
POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS (Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)					
	5 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in 6 above. Please provided the name of the person for which responses are provided: N/A	entified in Step 1			
1.	Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services?	Yes No			
2.	Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years?	Yes No			

3.	Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois?	Yes No
4.	Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years?	Yes No
5.	Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office?	Yes No
6.	Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years?	Yes No
7.	Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government?	Yes No
8.	Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist?	Yes No
9,	Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	Yes No
10.	Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	Yes No

STEP 6

EXPLANATION OF AFFIRMATIVE RESPONSES

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you answered "Yes" in Step 4 or Step 5, please provide on an additional page a detailed explanation that includes, but is not limited to the name, salary, State agency or university, and position title of each individual.

STEP 7 POTENTIAL CONFLICTS OF INTEREST RELATING TO DEBARMENT & LEGAL PROCEEDINGS

(Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This step must be completed for each person disclosed in Step 2, Option A, Step 3, and for each entity and sole proprietor disclosed in Step 1.

propr	ietor disclosed in Step 1.			
Pleas	e provide the name of the person or entity for which responses are provided: Securus Technologie	s Holdings, Inc.		
1.	Within the previous ten years, have you had debarment from contracting with any governmental entity?	☐ Yes ⊠ No		
2.	Within the previous ten years, have you had any professional licensure discipline?	Yes 🛛 No		
3.	Within the previous ten years, have you had any bankruptcies?	☐ Yes 🏻 No		
4.	Within the previous ten years, have you had any adverse civil judgments and administrative findings?	☐ Yes ⊠ No		
5.	Within the previous ten years, have you had any criminal felony convictions?	☐ Yes 🏻 No		
judgn	iversity, and position title of each individual. Securus Technologies Holdings, Inc. has not had any a nents or administrative findings. Please see the attached list of adverse civil judgments and admin accurus Technologies, Inc.			
AND AND LINE		Accessional Children		
i.	STEP 8 DISCLOSURE OF CURRENT AND PENDING CONTRACTS (Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)			
If you selected Option 1, 2, 3, 4, or 6 in Step 1, do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government?				
	es 🔀 No.			
If "Yes", please specify below. Additional rows may be inserted into the table or an attachment may be provided if needed.				
	Agency/University			
L				

Please explain the procurement relationship: N/A

STEP 9 SIGN THE DISCLOSURE

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This disclosure is signed, and made under penalty of perjury for all for-profit entities, by an authorized officer or employee on behalf of the bidder or offeror pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: Securus Technologies Holdings, Inc.

Signature:	Date:	٤	در	14
Printed Name: Robert E. Pickens				
Title: President				

Email Address: Bpickens@securustechnologies.com

Phone Number: 972-277-0300

STATE OF ILLINOIS FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

The Financial Disclosures and Conflicts of Interest form ("form") must be accurately completed and submitted by the vendor, parent entity(ies), and subcontractors. There are nine steps to this form and each must be completed as instructed in the step heading and within the step. A bid or offer that does not include this form shall be considered non-responsive. The Agency/University will consider this form when evaluating the bid or offer or awarding the contract.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the disclosure is no longer accurate, then disclosing entities must provide an updated form.

Separate forms are required for the vendor, parent entity(ies), and subcontractors.

This disclosure is submitted for:					
Vendor					
☑ Vendor's Parent Entit	☑ Vendor's Parent Entity(ies) (100% ownership)				
Subcontractor(s) >\$50,000 (annual value)					
Subcontractor's Parent Entity(ies) (100% ownership) > \$50,000 (annual value)					
Project Name	Request for Proposals for Phone Services for Incarcerated Persons (Multi-Step)				
Illinois Procurement Bulletin Number	IPB Ref #22040713				
Contract Number	To be determined after contract award.				
Vendor Name	Securus Technologies, Inc.				
Doing Business As (DBA)	Securus Technologies, Inc.				
Disclosing Entity	Securus Holdings, Inc.				
Disclosing Entity's Parent Entity	Connect Acquisition Corp.				
Subcontractor	Click here to enter text.				
instrument of Ownership or Beneficial Interest	Choose an item. If you selected Other, please describe: Click here to enter text				

STEP 1

SUPPORTING DOCUMENTATION SUBMITTAL

(All vendors complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

You must select one of the six options below and select the documentation you are submitting. You must provide the documentation that the applicable section requires with this form. Option 1 - Publicly Traded Entities 1.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. OR 1.B. Attach a copy of the Federal 10-K or provide a web address of an electronic copy of the Federal 10-K, and skip to Step 3. Option 2 – Privately Held Entities with more than 100 Shareholders 2.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. OR 2.B. Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401. Option 3 – All other Privately Held Entities, not including Sole Proprietorships 3.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. Option 4 - Foreign Entities 4.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. OR 4.B. Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3. Option 5 - Not-for-Profit Entities Complete Step 2, Option B.

Skip to Step 3.

Option 6 - Sole Proprietorships

STEP 2

DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS

(All vendors, except sole proprietorships, must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Complete either Option A (for all entities other than not-for-profits) or Option B (for not-for-profits). Additional rows may be inserted into the tables or an attachment may be provided if needed.

OPTION A - Ownership Share and Distributive Income

Ownership Share – If you selected Option 1	.A., 2.A., 2.B., 3.A., c	or 4.A. in Step 1, pro	vide the name	and address	of each
individual or entity and their percentage o	of ownership if said	percentage exceed	is 5%, or the	dollar value (of their
ownership if said dollar value exceeds \$106,4	147.20.				
Check here if including an attachment v	with requested info	mation in a format	substantially s	imilar to the	format

Chok here to chick to				(V)	Name
	enter text.	Click here to ent	100%	4000 International Parkway Carrollton, Texas 75007	Connect Acquisition Corp.

Distributive Income – If you selected Option 1.A., 2.A., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of the disclosing vendor's total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds \$106,447.20.

Check	here if including a	an attachment	with re	equested	information	in a	format	substantially	similar	to	the	format
below.												

TABLE - Y	-		
Name	Address	% of Distributive Income	\$ Value of Distributive Income
i/A			

Please certify that the following statem	nents are true.
I have disclosed all individuals \$106,447.20.	or entities that hold an ownership interest of greater than 5% or greater than
⊠ Yes ☐ No	
	or entities that were entitled to receive distributive income in an amount greater an 5% of the total distributive income of the disclosing entity.
Yes No	
OPTION B – Disclosure of Board of	Directors (Not-for-Profits)
If you selected Option 5 in Step 1, list n	nembers of your board of directors. Please include an attachment if necessary.
Name	Address
N/A	N/A
(Complete only	STEP 3 CLOSURE OF LOBBYIST OR AGENT If bid, offer, or contract has an annual value over \$50,000) subcontract annual value of more than \$50,000 must complete)
Registration Act (lobbyist must be regi identified through Step 2, Option A abo	resented by or do you employ a lobbyist required to register under the Lobbyist istered pursuant to the Act with the Secretary of State) or other agent who is not ove and who has communicated, is communicating, or may communicate with any loyee concerning the bid or offer? If yes, please identify each lobbyist and agent,

If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist's information.

Name	Address	Relationship to Disclosing Entity
N/A		

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency/University contract: N/A

including the name and address below.

STEP 4

PROHIBITED CONFLICTS OF INTEREST

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 4 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above. Please provide the name of the person for which responses are provided: N/A

ptio	n 6 above. Please provide the name of the person for which responses are provided: N/A	
1.	Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly?	Yes No
2.	Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% (\$106,447.20) of the salary of the Governor?	Yes No
3.	Are you or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority?	Yes No
4.	Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor?	Yes No
5.	If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$177,412.00)?	Yes No
6.	If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor (\$354,824.00)?	Yes No
	STEP 5	
P	OTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATION (Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)	
-	5 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in 6 above. Please provided the name of the person for which responses are provided: N/A	entified in Step 1
1.	Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services?	Yes No
2.	Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years?	Yes No

3.	Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois?	Yes No
4.	Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years?	Yes No
5.	Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office?	Yes No
6.	Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years?	Yes No
7.	Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government?	Yes No
8.	Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist?	Yes No
9.	Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	Yes No
10.	Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	Yes No

STEP 6 EXPLANATION OF AFFIRMATIVE RESPONSES

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you answered "Yes" in Step 4 or Step 5, please provide on an additional page a detailed explanation that includes, but is not limited to the name, salary, State agency or university, and position title of each individual.

STEP 7 POTENTIAL CONFLICTS OF INTEREST RELATING TO DEBARMENT & LEGAL PROCEEDINGS

(Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This step must be completed for each person disclosed in Step 2, Option A, Step 3, and for each entity and sole proprietor disclosed in Step 1

ropri	etor disclosed in Step 1.				
lease	provide the name of the person or entity for which responses are provided: Securus Holdings, Inc				
1.	Within the previous ten years, have you had debarment from contracting with any governmental entity?	☐ Yes ⊠ No			
2.	Within the previous ten years, have you had any professional licensure discipline?	☐ Yes ⊠ No			
3.	Within the previous ten years, have you had any bankruptcies?	☐ Yes ⊠ No			
4.	Within the previous ten years, have you had any adverse civil judgments and administrative findings?	Yes 🔀 No			
5.	Within the previous ten years, have you had any criminal felony convictions?	Yes No			
f you answered "Yes", please provide a detailed explanation that includes, but is not limited to the name, State agency or university, and position title of each individual. Securus Technologies Holdings, Inc. has not had any adverse civil udgments or administrative findings. Please see the attached list of adverse civil judgments and administrative findings or Securus Technologies, Inc.					
	STEP 8 DISCLOSURE OF CURRENT AND PENDING CONTRACTS (Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)				
	selected Option 1, 2, 3, 4, or 6 in Step 1, do you have any contracts, pending contracts, ntracts, leases or other ongoing procurement relationships with units of State of Illinois governme				
Ye	s⊠ No.				
f "Ye: ieede	s", please specify below. Additional rows may be inserted into the table or an attachment made.	be provided if			
	Agency/University				
]			

Please explain the procurement relationship: N/A

STEP 9 SIGN THE DISCLOSURE

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This disclosure is signed, and made under penalty of perjury for all for-profit entities, by an authorized officer or employee on behalf of the bidder or offeror pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: Securus Holdings, Inc.

Signature:	 Date: 6 20 17
Printed Name: Robert E. Pickens	
Title: President	

Phone Number: 972-277-0300

Email Address: Bpickens@securustechnologies.com

STATE OF ILLINOIS FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

The Financial Disclosures and Conflicts of Interest form ("form") must be accurately completed and submitted by the vendor, parent entity(ies), and subcontractors. There are nine steps to this form and each must be completed as instructed in the step heading and within the step. A bid or offer that does not include this form shall be considered non-responsive. The Agency/University will consider this form when evaluating the bid or offer or awarding the contract.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the disclosure is no longer accurate, then disclosing entities must provide an updated form.

Separate forms are required for the vendor, parent entity(ies), and subcontractors.

This disclosure is submitted for:						
Vendor						
▼ Vendor's Parent Entity	☑ Vendor's Parent Entity(ies) (100% ownership)					
Subcontractor(s) >\$50	Subcontractor(s) >\$50,000 (annual value)					
Subcontractor's Parer	nt Entity(ies) (100% ownership) > \$50,000 (annual value)					
Project Name	Request for Proposals for Phone Services for Incarcerated Persons (Multi-Step)					
Illinois Procurement Builetin Number	IPB Ref #22040713					
Contract Number	To be determined after contract award.					
Vendor Name	Securus Technologies, Inc.					
Doing Business As (DBA)	Securus Technologies, Inc.					
Disclosing Entity	Connect Acquisition Corp.					
Disclosing Entity's Parent Entity	Securus Investment Holdings, LLC.					
Subcontractor	Click here to enter text.					
Instrument of Ownership or Beneficial Interest	Choose an item. If you selected Other, please describe: Click here to enter text.					

STEP 1

SUPPORTING DOCUMENTATION SUBMITTAL

(All vendors complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

You must select one of the six options below and select the documentation you are submitting. You must provide the documentation that the applicable section requires with this form.

Option 1 – Publicly Traded Entitles
1.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.
OR
1.B. Attach a copy of the Federal 10-K or provide a web address of an electronic copy of the Federal 10-K, and skip to Step 3.
Option 2 – Privately Held Entities with more than 100 Shareholders
2.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.
d OR
2.B. Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401.
Option 3 – All other Privately Held Entities, not including Sole Proprietorships
3.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.
Option 4 – Foreign Entities
4.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.
OR
4.B. Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3.
Option 5 – Not-for-Profit Entities
Complete Step 2, Option B.
Option 6 – Sole Proprietorships
Skip to Step 3.

STEP 2

DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS

(All vendors, except sole proprietorships, must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Complete either Option A (for all entities other than not-for-profits) or Option B (for not-for-profits). Additional rows may be inserted into the tables or an attachment may be provided if needed.

OPTION A - Ownership Share and Distributive Income

Ownership Share – If you selected Option 1.A., 2.A., 2.B., 3.A., or 4.A. in Step 1, provide the name and address of each
individual or entity and their percentage of ownership if said percentage exceeds 5%, or the dollar value of thei
ownership if said dollar value exceeds \$106,447.20.

Check here if including an attachment with requested information in a format substantially similar to the format

	TABLE - X			
4000 litterilational in third	Name	Address	Percentage of Ownership	\$ Value of Ownership
	Securus Investment Holdings, Inc.	4000 International Parkway Carrollton, Texas 75007	100%	Click here to enter text.

Distributive Income — If you selected Option 1.A., 2.A., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of the disclosing vendor's total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds \$106,447.20.

Check	here if including	an	attachment	with	requested	information	in a	format	substantially	similar	to	the	format
helow.													

TABLE - Y			
Name	Address	% of Distributive Income	\$ Value of Distributive Income
/A			
<u> </u>			

Please certify that the following statements are true. I have disclosed all individuals or entities that hold an ownership interest of greater than 5% or greater than \$106,447.20. Yes \[\] No I have disclosed all individuals or entities that were entitled to receive distributive income in an amount great than \$106,447.20 or greater than 5% of the total distributive income of the disclosing entity. Yes \[\] No OPTION B - Disclosure of Board of Directors (Not-for-Profits) If you selected Option 5 in Step 1, list members of your board of directors. Please include an attachment if necessary. TABLE - Z Name Address N/A N/A N/A N/A N/A N/A N/A N
\$106,447.20. Yes No I have disclosed all individuals or entities that were entitled to receive distributive income in an amount great than \$106,447.20 or greater than 5% of the total distributive income of the disclosing entity. Yes No N
I have disclosed all individuals or entities that were entitled to receive distributive income in an amount great than \$106,447.20 or greater than 5% of the total distributive income of the disclosing entity. ☐ Yes ☐ No DPTION B − Disclosure of Board of Directors (Not-for-Profits) If you selected Option 5 in Step 1, list members of your board of directors. Please include an attachment if necessary. TABLE − Z Name Address N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
than \$106,447.20 or greater than 5% of the total distributive income of the disclosing entity. Yes No No No No No No No No
PPTION B — Disclosure of Board of Directors (Not-for-Profits) f you selected Option 5 in Step 1, list members of your board of directors. Please include an attachment if necessary. TABLE — Z Name Address N/A N/A N/A N/A N/A N/A N/A N
Fyou selected Option 5 in Step 1, list members of your board of directors. Please include an attachment if necessary. TABLE — Z Name Address N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
Fyou selected Option 5 in Step 1, list members of your board of directors. Please include an attachment if necessary. TABLE — Z Name Address N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
TABLE – Z Name Address N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
Name Address N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
N/A N/A N/A N/A N/A N/A N/A N/A
N/A N/A N/A N/A N/A N/A
N/A N/A N/A N/A
N/A N/A
N/A
STEP 3 DISCLOSURE OF LOBBYIST OR AGENT (Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)
☐ Yes ☑ No. Is your company represented by or do you employ a lobbyist required to register under the Lobby Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or other agent who is ridentified through Step 2, Option A above and who has communicated, is communicating, or may communicate with a State/Public University officer or employee concerning the bid or offer? If yes, please identify each lobbyist and age including the name and address below.
If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist's information.
Name Address Relationship to Disclosing Entity
N/A
Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representate

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency/University contract: N/A

STEP 4

PROHIBITED CONFLICTS OF INTEREST

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 4 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above. Please provide the name of the person for which responses are provided: N/A Yes No Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly? Yes No Have you, your spouse, or minor child been appointed to or employed in any offices or 2. agencies of State government and receive compensation for such employment in excess of 60% (\$106,447.20) of the salary of the Governor? Yes No Are you or are you the spouse or minor child of an officer or employee of the Capital 3. Development Board or the Illinois Toll Highway Authority? Yes No Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor? Yes No If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$177,412.00)? Yes No If you answered yes to any question in 1-4 above, please answer the following: is there a combined interest of self with spouse or minor child more than 15% in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor (\$354,824.00)? STEP 5 POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS (Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete) Step 5 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above. Please provide the name of the person for which responses are provided: N/A Do you currently have, or in the previous 3 years have you had State employment, including Yes No contractual employment of services? Has your spouse, father, mother, son, or daughter, had State employment, including 2. ☐ Yes ☐ No contractual employment for services, in the previous 2 years?

3.	Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois?	Yes No
4.	Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years?	Yes No
5.	Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office?	Yes No
6.	Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years?	Yes No
7.	Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government?	Yes No
8.	Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist?	Yes No
9.	Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	Yes No
10.	Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	Yes No

STEP 6 EXPLANATION OF AFFIRMATIVE RESPONSES

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you answered "Yes" in Step 4 or Step 5, please provide on an additional page a detailed explanation that includes, but is not limited to the name, salary, State agency or university, and position title of each individual.

STEP 7 POTENTIAL CONFLICTS OF INTEREST RELATING TO DEBARMENT & LEGAL PROCEEDINGS

(Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This step must be completed for each person disclosed in Step 2, Option A, Step 3, and for each entity and sole proprietor disclosed in Step 1.

Please provide the name of the person or entity for which responses are provided: Connect Acquisition Corp. ☐ Yes 🔀 No Within the previous ten years, have you had debarment from contracting with any governmental entity? ☐ Yes 🔀 No Within the previous ten years, have you had any professional licensure discipline? 2. Yes No Within the previous ten years, have you had any bankruptcies? 3. Within the previous ten years, have you had any adverse civil judgments and administrative ☐ Yes 🔀 No 4. findings? Yes No Within the previous ten years, have you had any criminal felony convictions? 5. If you answered "Yes", please provide a detailed explanation that includes, but is not limited to the name, State agency or university, and position title of each individual. Securus Technologies Holdings, Inc. has not had any adverse civil judgments or administrative findings. Please see the attached list of adverse civil judgments and administrative findings for Securus Technologies, Inc. STEP 8 DISCLOSURE OF CURRENT AND PENDING CONTRACTS (Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete) If you selected Option 1, 2, 3, 4, or 6 in Step 1, do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government? Yes No. If "Yes", please specify below. Additional rows may be inserted into the table or an attachment may be provided if needed. Agency/University

Please explain the procurement relationship: N/A

STEP 9 SIGN THE DISCLOSURE

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This disclosure is signed, and made under penalty of perjury for all for-profit entities, by an authorized officer or employee on behalf of the bidder or offeror pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: Connect Acquisition Corp.

Signature:	Da	ate:	6	2 -	17
Printed Name: Robert E. Pickens					

Title: President

Phone Number: 972-277-0300

Email Address: Bpickens@securustechnologies.com

STATE OF ILLINOIS FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

The Financial Disclosures and Conflicts of Interest form ("form") must be accurately completed and submitted by the vendor, parent entity(ies), and subcontractors. There are nine steps to this form and each must be completed as instructed in the step heading and within the step. A bid or offer that does not include this form shall be considered non-responsive. The Agency/University will consider this form when evaluating the bid or offer or awarding the contract.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the disclosure is no longer accurate, then disclosing entities must provide an updated form.

Separate forms are required for the vendor, parent entity(ies), and subcontractors.

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nis disclosure is submitted for:	
Vendor	
✓ Vendor's Parent Enti	ty(ies) (100% ownership)
Subcontractor(s) >\$5	0,000 (annual value)
Subcontractor's Pare	ent Entity(ies) (100% ownership) > \$50,000 (annual value)
Project Name	Request for Proposals for Phone Services for Incarcerated Persons (Multi-Step)
Illinois Procurement Bulletin Number	IPB Ref #22040713
Contract Number	To be determined after contract award.
Vendor Name	Securus Technologies, Inc.
Doing Business As (DBA)	Securus Technologies, Inc.
Disclosing Entity	Securus Investment Holdings, LLC
Disclosing Entity's Parent Entity	Click here to enter text
Subcontractor	Click here to enter text
Instrument of Ownership or Beneficial Interest	Choose an item. If you selected Other, please describe: Click here to enter text.

STEP 1

SUPPORTING DOCUMENTATION SUBMITTAL

(All vendors complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

You must select one of the six options below and select the documentation you are submitting. You must provide the documentation that the applicable section requires with this form. Option 1 - Publicly Traded Entities 1.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. 1.B. Attach a copy of the Federal 10-K or provide a web address of an electronic copy of the Federal 10-K, and skip to Step 3. Option 2 – Privately Held Entities with more than 100 Shareholders 2.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. OR 2.B. Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401. Option 3 – All other Privately Held Entities, not including Sole Proprietorships 3.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. Option 4 - Foreign Entities 4.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor. 4.B. Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3. Option 5 - Not-for-Profit Entitles Complete Step 2, Option B.

Skip to Step 3.

Option 6 – Sole Proprietorships

STEP 2

DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS

(All vendors, except sole proprietorships, must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Complete either Option A (for all entities other than not-for-profits) or Option B (for not-for-profits). Additional rows may be inserted into the tables or an attachment may be provided if needed.

OPTION A - Ownership Share and Distributive Income

Ownership Share – If you selected Option 1.A., 2.A., 2.B., 3.A., or 4.A. in Step 1, provide the name and address of ea
individual or entity and their percentage of ownership if said percentage exceeds 5%, or the dollar value of the
ownership if said dollar value exceeds \$106,447.20.

	Check	here i	if includi	ng an	attachment	with	requested	information	in a	format	substantially	similar	to	the	format
bel	ow.														

TABLE - X			
Name	Address	Percentage of Ownership	\$ Value of Ownership
ABRY Partners VII, L.P.	888 Boylston Ste 1600 Boston, MA 02199	60%	
HarbourVest Partners 2013 Direct Fund L.P.	One Financial Center Boston 44 th Floor, MA 02111	12%	
Red Oak Investments LLC	Virginia Retirement System PO Box 2500 Richmond, VA 23218/- 2500	12%	
Mesirow Financial Capital Partners X, L.P.	B53 North Clark Street Chicago IL, 60654	8%	

Distributive Income - If you selected Option 1.A., 2.A., 3.A., or 4.A. in Step 1, provide the name and address of each
individual or entity and their percentage of the disclosing vendor's total distributive income if said percentage exceeds
5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar
value exceeds \$106,447.20.

Check here if	f including a	n attachment with	requested	information	in a format	substantially	similar to	the	format
helow									

TABLE - Y	••••		
Name	Address	% of Distributive Income	\$ Value of Distributive Income
N/A			

Please certify that the following statem	ents are true.			
I have disclosed all individuals \$106,447.20.	or entities that hold an ownership	interest of greater than 5% or greater than		
∑ Yes No				
	or entitles that were entitled to rece an 5% of the total distributive incom-	ive distributive income in an amount greater e of the disclosing entity.		
🔀 Yes 🗌 No				
OPTION B – Disciosure of Board of	Directors (Not-for-Profits)			
	nembers of your board of directors.	Please include an attachment if necessary.		
TABLE – Z				
Name	Address			
N/A	N/A			
N/A	N/A N/A			
N/A	N/A			
N/A	N/A			
N/A	N/A			
(Complete anly	STEP 3 CLOSURE OF LOBBYIST OI if bid, offer, or contract has an annu subcontract annual value of more th	al value over \$50,000)		
Registration Act (lobbyist must be regi identified through Step 2, Option A abo State/Public University officer or empl including the name and address below	stered pursuant to the Act with the ove and who has communicated, is congee concerning the bid or offer? If	byist required to register under the Lobbyist Secretary of State) or other agent who is not ommunicating, or may communicate with any yes, please identify each lobbyist and agent,		
If you have a lobbyist that does not me				
Name	Address	Relationship to Disclosing Entity		
N/A				
Describe all costs/fees/compensation	/reimbursements related to the	assistance provided by each representative		

lobbyist or other agent to obtain this Agency/University contract: N/A

STEP 4

PROHIBITED CONFLICTS OF INTEREST

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 4 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above. Please provide the name of the person for which responses are provided: N/A

ptio	n 6 above. Please provide the name of the person for which responses are provided: N/A	
l.	Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly?	Yes No
2.	Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% (\$106,447.20) of the salary of the Governor?	Yes No
3.	Are you or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority?	Yes No
4.	Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor?	Yes No
5.	If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$177,412.00)?	Yes No
6.	If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor (\$354,824.00)?	Yes No
	STEP 5	
PO	OTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATION (Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)	
	5 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in 6 above. Please provided the name of the person for which responses are provided: N/A	entified in Step 1
1.	Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services?	Yes No
2.	Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years?	Yes No

Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois?	Yes No
Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years?	Yes No
Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office?	Yes No
Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years?	Yes No
Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government?	Yes No
Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist?	Yes No
Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	Yes No
Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	Yes No
	Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois? Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years? Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office? Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years? Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government? Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist? Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or any county clerk in

STEP 6

EXPLANATION OF AFFIRMATIVE RESPONSES

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you answered "Yes" in Step 4 or Step 5, please provide on an additional page a detailed explanation that includes, but is not limited to the name, salary, State agency or university, and position title of each individual.

STEP 7 POTENTIAL CONFLICTS OF INTEREST RELATING TO DEBARMENT & LEGAL PROCEEDINGS

(Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This step must be completed for each person disclosed in Step 2, Option A, Step 3, and for each entity and sole proprietor disclosed in Step 1.

ргоргі	etor disclosed in Step 1.				
Please provide the name of the person or entity for which responses are provided: Securus Investment Holdings, LLC					
1.	Within the previous ten years, have you had debarment from contracting with any governmental entity?	☐ Yes 🔀 No			
2.	Within the previous ten years, have you had any professional licensure discipline?	☐ Yes ⊠ No			
3.	Within the previous ten years, have you had any bankruptcies?	☐ Yes ⊠ No			
4.	Within the previous ten years, have you had any adverse civil judgments and administrative findings?	☐ Yes 🏻 No			
5.	Within the previous ten years, have you had any criminal felony convictions?	☐ Yes 🛭 No			
If you answered "Yes", please provide a detailed explanation that includes, but is not limited to the name, State agency or university, and position title of each individual. Securus Technologies Holdings, Inc. has not had any adverse civil judgments or administrative findings. Please see the attached list of adverse civil judgments and administrative findings for Securus Technologies, Inc.					
STEP 8 DISCLOSURE OF CURRENT AND PENDING CONTRACTS (Complete only if bid, offer, or contract has an annual value over \$50,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)					
If you selected Option 1, 2, 3, 4, or 6 in Step 1, do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government?					
Ye	s 🖾 No.				
If "Yes", please specify below. Additional rows may be inserted into the table or an attachment may be provided if needed.					
Agency/University					

Please explain the procurement relationship: N/A

STEP 9 SIGN THE DISCLOSURE

(All vendors must complete regardless of annual bid, offer, or contract value) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This disclosure is signed, and made under penalty of perjury for all for-profit entities, by an authorized officer or employee on behalf of the bidder or offeror pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: Securus Investment Holdings, LLC

Signature:		Date:	6	20-	17
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Printed Name: Robert E. Pickens

Title: President

Phone Number: 972-277-0300

Email Address: Bpickens@securustechnologies.com